

TRANSMITTAL OF APPEAL BRIEFDocket No.
BAF-14802/29

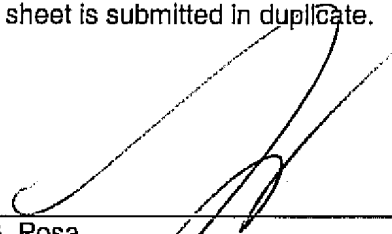
In re Application of: Bret A. Ferree

Application No.
10/657,914-Conf. #5106Filing Date
September 9, 2003Examiner
P. B. PrebilicGroup Art Unit
3738

Invention: BIORESORBABLE COMPONENTS AND METHODS FOR SPINAL ARTHROPLASTY

TO THE COMMISSIONER OF PATENTS:Transmitted herewith is the Appeal Brief in this application, with respect to the Notice of Appeal
filed: November 27, 2006 .The fee for filing this Appeal Brief is \$ 250.00 .☐ Large Entity ☒ Small Entity☐ A petition for extension of time is also enclosed.

The fee for the extension of time is _____ .

☐ A check in the amount of _____ is enclosed.☐ Charge the amount of the fee to Deposit Account No. _____ .
This sheet is submitted in duplicate.☒ Payment by credit card.☒ The Director is hereby authorized to charge any additional fees that may be required or
credit any overpayment to Deposit Account No. 07-1180 .
This sheet is submitted in duplicate.

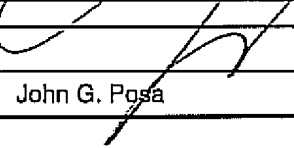
John G. Posa
Attorney Reg. No. : 37,424
GIFFORD, KRASS, GROH, SPRINKLE, ANDERSON
& CITKOWSKI, P.C.
2701 Troy Center Drive, Suite 330
Post Office Box 7021
Troy, Michigan 48007-7021
(734) 913-9300Dated: January 29, 2007

Under the Paperwork Reduction Act of 1995, no person are required to respond to a collection of information unless it displays a valid OMB control number.

Effective on 12/08/2004. Fees pursuant to the Consolidated Appropriations Act, 2005 (H.R. 4818). FEE TRANSMITTAL For FY 2006		Complete if Known	
		Application Number	10/657,914-Conf. #5106
		Filing Date	September 9, 2003
		First Named Inventor	Bret A. Ferree
		Examiner Name	P. B. Prebilic
		Art Unit	3738
		Attorney Docket No.	BAF-14802/29
<input checked="" type="checkbox"/> Applicant claims small entity status. See 37 CFR 1.27			
TOTAL AMOUNT OF PAYMENT	(\$)	250.00	

METHOD OF PAYMENT (check all that apply)	
<input type="checkbox"/> Check <input checked="" type="checkbox"/> Credit Card <input type="checkbox"/> Money Order <input type="checkbox"/> None <input type="checkbox"/> Other (please identify): _____	
<input checked="" type="checkbox"/> Deposit Account Deposit Account Number: <u>07-1180</u> Deposit Account Name: <u>Gifford, Krass, Groh, Sprinkle, Anderson &</u>	
For the above-identified deposit account, the Director is hereby authorized to: (check all that apply)	
<input type="checkbox"/> Charge fee(s) indicated below	<input type="checkbox"/> Charge fee(s) indicated below, except for the filing fee
<input checked="" type="checkbox"/> Charge any additional fee(s) or underpayments of fee(s) under 37 CFR 1.16 and 1.17	<input checked="" type="checkbox"/> Credit any overpayments

FEE CALCULATION							
1. BASIC FILING, SEARCH, AND EXAMINATION FEES							
Application Type	Fee (\$)	Small Entity	Fee (\$)	Small Entity	Fee (\$)	Small Entity	Fees Paid (\$)
		Fee (\$)		Fee (\$)		Fee (\$)	
Utility	300	150	500	250	200	100	
Design	200	100	100	50	130	65	
Plant	200	100	300	150	160	80	
Reissue	300	150	500	250	600	300	
Provisional	200	100	0	0	0	0	
2. EXCESS CLAIM FEES							
Fee Description	Fee (\$)	Small Entity					
Each claim over 20 (including Reissues)	50	25					
Each independent claim over 3 (including Reissues)	200	100					
Multiple dependent claims	360	180					
<u>Total Claims</u>	<u>Extra Claims</u>	<u>Fee (\$)</u>	<u>Fee Paid (\$)</u>	<u>Multiple Dependent Claims</u>			
_____ - 20 = _____ x _____ = _____			<u>Fee (\$)</u> <u>Fee Paid (\$)</u>				
HP = highest number of total claims paid for, if greater than 20.							
<u>Indep. Claims</u>	<u>Extra Claims</u>	<u>Fee (\$)</u>	<u>Fee Paid (\$)</u>				
_____ - 3 = _____ x _____ = _____							
HP = highest number of independent claims paid for, if greater than 3.							
3. APPLICATION SIZE FEE							
If the specification and drawings exceed 100 sheets of paper (excluding electronically filed sequence or computer listings under 37 CFR 1.52(e)), the application size fee due is \$250 (\$125 for small entity) for each additional 50 sheets or fraction thereof. See 35 U.S.C. 41(a)(1)(G) and 37 CFR 1.16(s).							
<u>Total Sheets</u>	<u>Extra Sheets</u>	<u>Number of each additional 50 or fraction thereof</u>	<u>Fee (\$)</u>	<u>Fee Paid (\$)</u>			
_____ - 100 = _____ / 50 _____ (round up to a whole number) x _____ = _____							
4. OTHER FEE(S)							
Non-English Specification, \$130 fee (no small entity discount)							
Other (e.g., late filing surcharge): <u>2402 Filing a brief in support of an appeal</u>			<u>250.00</u>				

SUBMITTED BY			
Signature		Registration No. (Attorney/Agent)	37,424 Telephone (734) 913-9300
Name (Print/Type)	John G. Posa	Date	January 29, 2007